

*Developing Sustainable Nurse Leaders through Authentic Leadership Mentoring*

The American Association of Critical Care Nurses, Greater Kansas City Chapter is pleased to offer the Authentic Leadership Mentor-Mentee (ALM-M) program. The aim of this program is to foster the professional development of future AACN leaders through authentic leadership mentoring. The program will pair existing AACN GKCC board members with selected students from around the greater Kansas City area.

This program is open to all full-time students currently enrolled in an accredited pre-licensure nursing program within the Greater Kanas City area. Eligible applicants will have successfully completed at least one semester in the nursing program, show verification of active full-time enrollment, anticipate graduating and passing NCLEX by September 2017, and have plans to pursue critical or progressive care nursing upon graduation. Selections will be made based on scholarship merit, community service experience, interest in critical and/or progressive care, and interest in professional nursing leadership.

**Application Details:**

1. Deadline for submission of all forms: **Friday, August 12, 2016**
2. Students accepted into the program will be notified by email August 22, 2016
3. Please type or print legibly. Illegible applications will not be considered.
4. Questions about completing the application may be directed to Heather Nelson-Brantley, PhD, RN, CCRN-K at hnelson-brantley@kumc.edu
5. All submissions must include the following items:
	1. Completed application form
	2. Personal statement (See Section D)
	3. Verification of full-time enrollment in an accredited pre-licensure nursing program. (e.g., printout of your upcoming Fall 2016 enrollment or a letter from your dean verifying your status)
	4. Copy of your current transcript with cumulative grade point average (uncertified copy is acceptable)
	5. Current resume
	6. One letter of recommendation from a nurse professional who is familiar with your work (ex. classroom instructor, clinical instructor, dean, nurse manager, unit educator). Please do not use personal friends or family.



**APPLICATION FORM**

1. **PERSONAL INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: (Home)­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EDUCATION**

Are you currently enrolled as a full-time student in an accredited pre-licensure nursing program? ☐ Yes ☐ No

Name of academic institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of semesters completed in pre-licensure program: \_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate degree you are currently pursuing:

1. ☐ ADN ☐ BSN

Anticipated graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special honors, awards, community service, and/or professional nursing organization involvement you would like us to know about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **LEADERSHIP INTEREST**

What type(s) of leadership roles are you most interested in? (e.g., administrative, hospital governance board, community organization, professional nursing specialty organization, health care policy, bedside leader, research, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What critical or progressive care nursing specialties are you most interested in? (e.g., cardiac, medical, surgical, trauma, peds, neonatal, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. PERSONAL STATEMENT**

On a separate document, please briefly respond to the following questions. List the question and follow with your response. (Limit your response to 250 words for each question):

* 1. Define your idea of leadership. What does leadership mean/look like to you?
	2. What do you hope to gain if selected for this program? What are your educational and professional goals?
	3. What most excites you and what most concerns you as you consider the start of your professional nursing career?
1. **COMMITMENT & ATTENDANCE EXPECTATIONS**

The ALM-M Program requires that you engage in monthly AACN GKC Chapter board meetings, scheduled on the third Monday of every month from 6:00 – 7:30 pm. In addition, you will meet with your mentor individually on a regular basis to establish and work towards your professional goals. The mentor and mentee will establish the most efficient and effective means of communication for their specific mentorship dyad (e.g., e-mail, telephone, social media, or in-person).

The ALM-M Program is a three-year program, in which you will be mentored by nurse experts in critical and progressive care. Upon acceptance into the program, you will write a brief statement that speaks to how you embody the national AACN President’s theme. This will be shared with the GKC Chapter membership through the quarterly newsletter, and potentially with leadership at the national level.

During your first year in the ALM-M Program, you will learn about critical and progressive care nursing, the AACN organization, authentic leadership and healthy work environments. You will continue to receive support from your AACN GKC Chapter mentor as you graduate, pass NCLEX, and transition to practice during your second year in the program. During that same year, you will continue to grow professionally by serving as an Elect of the AACN GKC Chapter Board. Your leadership potential will be launched during your final year in the ALM-M Program by serving as an active AACN GKC Chapter board member and providing mentorship to a student nurse just starting in the program.

1. **STATEMENT OF ACCURACY AND COMMITTMENT**

I hereby affirm that all of the information contained in this application is true and correct to the best of my knowledge.

I understand the commitment and attendance expectations as described above. Should I be unable to fulfill this commitment or should my student status change for any reason at any point in the program, I will notify in writing both the AACN GKC Chapter board and my ALM-M Program mentor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**APPLICATION SUBMISSION INSTRUCTIONS:**

**Please email your completed application packet to** **aacn.gkcc@gmail.com** **and reference “ALM-M Program Application” in your subject line.**

Before submitting, please use the following checklist to ensure you are including all required information in a single email. Incomplete applications will not be considered.

**Application Submission Checklist:**

* Completed application form
* Personal statement (Section D)
* Verification of full-time enrollment in an accredited pre-licensure nursing program. (e.g., printout of your upcoming Fall 2016 enrollment or a letter from your dean verifying your status)
* Copy of your current transcript with cumulative grade point average (uncertified copy is acceptable)
* Current resume
* One letter of recommendation from a nurse professional who is familiar with your work (e.g., classroom instructor, clinical instructor, dean, nurse manager, unit educator). Please do not use personal friends or family.

